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PROVIDER BULLETIN

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THIS ISSUE

Fee Schedule Update: 2004 Codes and AWP Price Updates

TO:

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Providers/ProviderBulletins/default.asp](http://www.lni.wa.gov/ClaimsInsurance/Providers/ProviderBulletins/default.asp)

Purpose

This bulletin notifies providers and Self-Insurers of updates to the August 1, 2003 *Medical Aid Rules and Fee Schedules*.

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2004 Coding Changes

The American Medical Association (AMA) annually updates the Physicians' Current Procedural Terminology (CPT[®]) coding system. The federal Centers for Medicare and Medicaid Services (CMS) annually updates the Healthcare Common Procedure Coding System (HCPCS).

The department adopted the annual changes to the CPT[®] and HCPCS effective January 1, 2004.

Adoption of these coding changes includes:

- Accepting codes added or reinstated to CPT[®] and HCPCS in 2004 as valid procedure codes for bills with dates of service on or after January 1, 2004.
- Accepting codes added to CPT[®] and HCPCS coding systems from July 1, 2003 through October 1, 2003 effective for dates of service as shown in Appendix A.
- Discontinuing the use of codes deleted from CPT[®] and HCPCS coding systems on January 1, 2004 with a grace period for continued use of most deleted codes for dates of service through March 31, 2004.

NOTE: Code descriptions printed in department publications are abbreviated. Providers are responsible for billing according to the complete code descriptions and narrative text printed in the new 2004 CPT[®] and HCPCS coding books. These books can be purchased through various commercial publishers. CPT[®] books can also be purchased directly from the American Medical Association.

Acceptance and Coverage of New 2004 Billing Codes

Acceptance of the new 2004 billing codes means that the department will recognize the new codes as valid procedure codes for bills with dates of service on or after January 1, 2004. Acceptance of the new codes does not necessarily imply coverage.

Coverage of the new codes is determined by the department on a code-by-code basis, and is subject to WAC 296-20-010 which states in part:

“The adoption of these codes on an annual basis is designed to reduce the administrative burden on providers and lead to more accurate reporting of services. However, the inclusion of a service, product or supply within these new codes does not necessarily imply coverage, reimbursement or endorsement, by the department or self-insurer. The department will make coverage and reimbursement decisions for these codes on an individual basis.

If there are any services, procedures or narrative text contained in the new HCPCS level I and II codes that conflict with the medical aid rules or fee schedules, the department's rules and policies take precedence.”

Appendix A contains coverage and payment information for the new CPT[®] and HCPCS codes that are valid for dates of service on or after April 1, 2003; July 1, 2003; October 1, 2003 and January 1, 2004. Procedure codes in Appendix A that indicate “Hosp. Only” in the “Dollar Value” column are for hospital outpatient use only.

Appendix B contains coverage and payment information for procedure codes that are for hospital outpatient use only and were reinstated by CMS for dates of service on or after January 1, 2004.

Appendix C contains coverage and payment information for procedure codes that are for hospital outpatient use only.

Appendix D updates the Ambulatory Surgery Center Fee Schedule to incorporate procedures added to the CPT® coding system in 2004.

Appendix E contains Procedure codes that are invalid for Ambulatory Surgery Centers after March 31, 2004.

Appendix F contains additions, changes and corrections to the department's Prosthetic and Orthotic Fee Schedule valid for dates of service on or after January 1, 2004.

Appendix G contains a list of deleted CPT® and HCPCS codes.

Quarterly Pricing Updates for AWP Priced Codes

Many procedure codes for drugs dispensed in a physician's office have maximum fees based on a Base Line Price, Average Wholesale Price or Average Average Wholesale Price method. These procedure codes are identified with "AWP" in the "Dollar Value" columns in the *Medical Aid Rules and Fee Schedules*.

The department will review these procedure codes on a quarterly basis and update the maximum fees as necessary. AWP price updates will occur in January, April, July and October and will be published on the department's web site at www.lni.wa.gov/ClaimsInsurance/ProviderPay. AWP price updates can also be requested by calling the Provider Hotline at 1-800-848-0811.

The department's maximum fees will be determined based on pricing information from Medicare's Single Drug Pricer file, information published by Noridian in *Medicare B News* or data from First DataBank®.

The intent of the quarterly update is to keep pace with the changes in drug prices. If you experience a circumstance where the department's maximum fee does not cover your costs, you may submit a request for adjustment along with your invoice and request reimbursement up to your costs.

Appendix A: Added Procedure Codes

Anesthesia Fee Schedule Additions Valid for Dates of Service on or After January 1, 2004

CODE	ABBREVIATED DESCRIPTION	ANES VALUE	BASE SOURCE	MAX FEE OR COVERAGE
00529	Anesth, chest partition view	N/A	N/A	Not Covered
01173	Anesth, fx repair, pelvis	12	CMS	N/A
01958	Anesth, antepartum manipul	5	CMS	N/A

Other Professional Services Fee Schedule Additions Valid for Dates of Service on or After July 1, 2003

		DOLLAR VALUE			MODIFIERS											
CODE- MOD	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	
C1818	Integrated keratoprosthesis	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	
C8918	MRA w/cont, pelvis	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	
C8919	MRA w/o cont, pelvis	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	
C8920	MRA w/o fol w/cont, pelvis	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	
C9123	Transcyte, per 247 sq cm	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	
G3001	Admin + supply, tositumomab	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	

Other Professional Services Fee Schedule Additions Valid for Dates of Service on or After October 1, 2003

CODE- MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
C9208	Injection, agalsidase beta	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0	
C9209	Injection, laronidase	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0	
G0296	PET imge restag thyrod cance	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	
G0296-26	PET imge restag thyrod cance	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	
G0296-TC	PET imge restag thyrod cance	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	
G0297	Insert single chamber/cd	Hosp. Only	Hosp. Only	000	0%	0%	0%	9	9	9	9	9	9	9	0	
G0298	Insert dual chamber/cd	Hosp. Only	Hosp. Only	000	0%	0%	0%	9	9	9	9	9	9	9	0	
G0299	Inser/repos single icd+leads	Hosp. Only	Hosp. Only	000	0%	0%	0%	9	9	9	9	9	9	9	0	
G0300	Insert reposit lead dual+gen	Hosp. Only	Hosp. Only	000	0%	0%	0%	9	9	9	9	9	9	9	0	
Q4075	Acyclovir, 5 mg	\$0.49	\$0.49	000	0%	0%	0%	9	9	9	9	9	9	9	0	
Q4076	Dopamine hcl, 40 mg	\$0.65	\$0.65	000	0%	0%	0%	9	9	9	9	9	9	9	0	
Q4077	Treprostinil, 1 mg	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	9	0	
S2070	Cysto laser tx ureteral calc	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	9	0	
S2113	Arthro chondrocyte implant	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	9	0	
S2230	Implant semi-imp hear	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	9	0	

Appendix A: Added Procedure Codes

Other Professional Services Fee Schedule Additions Valid for Dates of Service on or After October 1, 2003

CODE-MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
S2235	Implant auditory brain imp	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S5550	Insulin rapid 5 u	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S5551	Insulin most rapid 5 u	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S5552	Insulin intermed 5 u	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S5553	Insulin long acting 5 u	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S5560	Insulin reuse pen 1.5 ml	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S5561	Insulin reuse pen 3 ml	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S5565	Insulin cartridge 150 u	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S5566	Insulin cartridge 300 u	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S5570	Insulin dispos pen 1.5 ml	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S5571	Insulin dispos pen 3 ml	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S8120	O2 contents gas cubic ft	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S8121	O2 contents liquid lb	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S9476	Vestibular rehab per diem	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2012	Habil ed waiver, per diem	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2013	Habil ed waiver per hour	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2014	Habil prevoc waiver, per d	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2015	Habil prevoc waiver per hr	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2016	Habil res waiver per diem	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2017	Habil res waiver 15 min	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2018	Habil sup empl waiver/diem	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2019	Habil sup empl waiver 15min	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2020	Day habil waiver per diem	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2021	Day habil waiver per 15 min	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2022	Case management, per month	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2023	Targeted case mgmt per month	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2024	Serv asmnt/care plan waiver	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2025	Waiver service, nos	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2026	Special childcare waiver/d	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2027	Spec childcare waiver 15 min	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2028	Special supply, nos waiver	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2029	Special med equip, noswaiver	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2030	Assist living waiver/month	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2031	Assist living waiver/diem	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2032	Res care, nos waiver/month	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2033	Res, nos waiver per diem	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2034	Crisis interven waiver/diem	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	

Appendix A: Added Procedure Codes

Other Professional Services Fee Schedule Additions Valid for Dates of Service on or After October 1, 2003

CODE-MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
T2035	Utility services waiver	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2036	Camp overnite waiver/session	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2037	Camp day waiver/session	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2038	Comm trans waiver/service	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2039	Vehicle mod waiver/service	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2040	Financial mgt waiver/15min	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2041	Support broker waiver/15 min	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2042	Hospice routine home care	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2043	Hospice continuous home care	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2044	Hospice respite care	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2045	Hospice general care	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2046	Hospice long term care, r&b	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2048	Bh ltc res r&b, per diem	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	

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CODE-MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
0001F	Blood pressure, measured	\$0.00	\$0.00	000	0%	0%	0%	0	0	0	0	0	0	0	F	
0002F	Tobacco use, smoking, assess	\$0.00	\$0.00	000	0%	0%	0%	0	0	0	0	0	0	0	F	
0003F	Tobacco use, non-smoking	\$0.00	\$0.00	000	0%	0%	0%	0	0	0	0	0	0	0	F	
0004F	Tobacco use txmnt counseling	\$0.00	\$0.00	000	0%	0%	0%	0	0	0	0	0	0	0	F	
0005F	Tobacco use txmnt, pharmacol	\$0.00	\$0.00	000	0%	0%	0%	0	0	0	0	0	0	0	F	
0006F	Statin therapy, prescribed	\$0.00	\$0.00	000	0%	0%	0%	0	0	0	0	0	0	0	F	
0007F	Beta-blocker thx prescribed	\$0.00	\$0.00	000	0%	0%	0%	0	0	0	0	0	0	0	F	
0008F	Ace inhibitor thx prescribed	\$0.00	\$0.00	000	0%	0%	0%	0	0	0	0	0	0	0	F	
0009F	Assess anginal symptom/level	\$0.00	\$0.00	000	0%	0%	0%	0	0	0	0	0	0	0	F	
0010F	Assess anginal symptom/level	\$0.00	\$0.00	000	0%	0%	0%	0	0	0	0	0	0	0	F	
0011F	Oral antiplat thx prescribed	\$0.00	\$0.00	000	0%	0%	0%	0	0	0	0	0	0	0	F	
0054T	Bone surgery using computer	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
0055T	Bone surgery using computer	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
0056T	Bone surgery using computer	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
0057T	Uppr gi scope w/ thrml txmnt	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
0058T	Cryopreservation, ovary tiss	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	

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CODE-MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
0059T	Cryopreservation, oocyte	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
0060T	Electrical impedance scan	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
0061T	Destruction of tumor, breast	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
20982	Ablate, bone tumor(s) perq	Not Covered	Not Covered	000	0%	0%	0%	0	2	1	2	0	0	0	X	
21685	Hyoid myotomy & suspension	Not Covered	Not Covered	090	10%	76%	14%	0	2	0	2	1	0	0	X	
22532	Lat thorax spine fusion	\$2,137.01	\$2,137.01	090	10%	69%	21%	0	2	0	2	2	0	0	R	
22533	Lat lumbar spine fusion	\$1,997.40	\$1,997.40	090	10%	69%	21%	0	2	0	2	2	0	0	R	
22534	Lat thor/lumb, add'l seg	\$502.77	\$502.77	000	0%	0%	0%	0	0	0	2	2	0	0	R	
31632	Bronchoscopy/lung bx, add'l	\$96.61	\$74.35	000	0%	0%	0%	0	0	0	1	0	0	0	R	
31633	Bronchoscopy/needle bx add'l	\$119.37	\$93.07	000	0%	0%	0%	0	0	0	1	0	0	0	R	
34805	Endovasc abdo repair w/pros	\$1,653.97	\$1,653.97	090	9%	84%	7%	0	2	0	2	2	0	0	R	
35510	Artery bypass graft	Not Covered	Not Covered	090	9%	84%	7%	0	2	1	2	1	0	0	X	
35512	Artery bypass graft	Not Covered	Not Covered	090	9%	84%	7%	0	2	1	2	1	0	0	X	
35522	Artery bypass graft	Not Covered	Not Covered	090	9%	84%	7%	0	2	1	2	1	0	0	X	
35525	Artery bypass graft	Not Covered	Not Covered	090	9%	84%	7%	0	2	1	2	1	0	0	X	
35697	Reimplant artery each	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	2	2	0	0	X	
36555	Insert non-tunnel cv cath	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	1	0	0	0	X	
36556	Insert non-tunnel cv cath	\$387.44	\$166.91	000	0%	0%	0%	0	0	0	1	0	0	0	R	
36557	Insert tunneled cv cath	Not Covered	Not Covered	010	10%	80%	10%	0	2	1	0	0	0	0	X	
36558	Insert tunneled cv cath	\$954.44	\$388.96	010	10%	80%	10%	0	2	1	0	0	0	0	R	
36560	Insert tunneled cv cath	Not Covered	Not Covered	010	10%	80%	10%	0	2	1	0	0	0	0	X	
36561	Insert tunneled cv cath	\$1,819.87	\$469.89	010	10%	80%	10%	0	2	1	0	0	0	0	R	
36563	Insert tunneled cv cath	\$1,702.52	\$487.59	010	10%	80%	10%	0	2	0	0	0	0	0	R	
36565	Insert tunneled cv cath	\$1,462.27	\$469.89	010	10%	80%	10%	0	2	1	0	0	0	0	R	
36566	Insert tunneled cv cath	\$1,528.53	\$503.27	010	10%	80%	10%	0	2	1	0	0	0	0	R	
36568	Insert tunneled cv cath	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	1	0	0	0	X	
36569	Insert tunneled cv cath	443.08	\$126.45	000	0%	0%	0%	0	0	0	1	0	0	0	R	
36570	Insert tunneled cv cath	Not Covered	Not Covered	010	10%	80%	10%	0	2	1	0	0	0	0	X	
36571	Insert tunneled cv cath	\$2,120.82	\$422.85	010	10%	80%	10%	0	2	1	0	0	0	0	R	
36575	Repair tunneled cv cath	\$228.12	\$70.31	000	0%	0%	0%	0	2	0	0	0	0	0	R	
36576	Repair tunneled cv cath	\$577.62	\$272.63	010	10%	80%	10%	0	2	0	0	0	0	0	R	
36578	Replace tunneled cv cath	\$737.96	\$310.56	010	10%	80%	10%	0	2	0	0	0	0	0	R	
36580	Replace tunneled cv cath	\$372.27	\$93.07	000	0%	0%	0%	0	0	0	1	0	0	0	R	
36581	Replace tunneled cv cath	\$874.53	\$289.32	010	10%	80%	10%	0	2	0	0	0	0	0	R	
36582	Replace tunneled cv cath	\$1,646.88	\$424.37	010	10%	80%	10%	0	2	0	0	0	0	0	R	
36583	Replace tunneled cv cath	\$957.99	\$427.91	010	10%	80%	10%	0	2	0	0	0	0	0	R	
36584	Replace tunneled cv cath	\$389.47	\$94.58	000	0%	0%	0%	0	0	0	1	0	0	0	R	

Appendix A: Added Procedure Codes

Other Professional Services Fee Schedule Additions Valid for Dates of Service on or After January 1, 2004

CODE-MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE			FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING			PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
36585	Replace tunneled cv cath	\$2,078.33	\$397.56	010	10%	80%	10%	0	2	0	0	0	0	0	0	0	R
36589	Removal tunneled cv cath	\$232.16	\$195.74	010	10%	80%	10%	0	2	1	0	0	0	0	0	0	R
36590	Removal tunneled cv cath	\$504.79	\$264.53	010	10%	80%	10%	0	2	0	0	0	0	0	0	0	R
36595	Mech remov tunneled cv cath	\$1,158.79	\$265.55	000	0%	0%	0%	0	2	0	1	0	0	0	0	0	R
36596	Mech remov tunneled cv cath	\$266.05	\$65.25	000	0%	0%	0%	0	2	0	1	0	0	0	0	0	R
36597	Reposition venous catheter	\$225.59	\$85.48	000	0%	0%	0%	0	2	0	1	0	0	0	0	0	R
36838	Dist revas ligation, hemo	Not Covered	Not Covered	090	9%	84%	7%	0	2	1	2	1	0	0	0	0	X
37765	Phleb veins - extrem - to 20	Not Covered	Not Covered	090	9%	84%	7%	0	2	1	1	1	0	0	0	0	X
37766	Phleb veins - extrem 20+	Not Covered	Not Covered	090	9%	84%	7%	0	2	1	1	1	0	0	0	0	X
43237	Endoscopic us exam, esoph	\$292.35	\$292.35	000	0%	0%	0%	0	3	0	0	0	0	0	43235	0	R
43238	Uppr gi endoscopy w/us fn bx	\$362.15	\$362.15	000	0%	0%	0%	0	3	0	0	0	0	0	43235	0	R
47140	Partial removal, donor liver	\$4,101.03	\$4,101.03	090	9%	81%	10%	0	2	0	2	1	2	0	0	0	R
47141	Partial removal, donor liver	\$4,964.43	\$4,964.43	090	9%	81%	10%	0	2	0	2	1	2	0	0	0	R
47142	Partial removal, donor liver	\$5,469.22	\$5,469.22	090	9%	81%	10%	0	2	0	2	1	0	0	0	0	R
53500	Urethrllys, transvag w/ scope	\$963.55	\$963.55	090	12%	74%	14%	0	2	0	2	1	0	0	0	0	R
57425	Laparoscopy, surg, colpopexy	\$1,198.24	\$1,198.24	090	12%	74%	14%	0	2	0	2	1	0	0	0	0	R
59070	Transabdom amnioinfus w/ us	\$537.67	\$396.55	000	0%	0%	0%	0	2	0	2	0	0	0	0	0	R
59072	Umbilical cord occlud w/ us	\$636.30	\$636.30	000	0%	0%	0%	0	2	0	1	0	0	0	0	0	R
59074	Fetal fluid drainage w/ us	\$510.35	\$396.55	000	0%	0%	0%	0	2	0	2	0	0	0	0	0	R
59076	Fetal shunt placement, w/ us	\$636.30	\$636.30	000	0%	0%	0%	0	2	0	2	0	0	0	0	0	R
59897	Fetal invas px w/ us	By Report	By Report	000	0%	0%	0%	0	2	0	1	0	0	0	0	0	N
61537	Removal of brain tissue	\$2,248.79	\$2,248.79	090	11%	76%	13%	0	2	0	2	1	0	0	0	0	R
61540	Removal of brain tissue	\$2,713.11	\$2,713.11	090	11%	76%	13%	0	2	0	2	1	0	0	0	0	R
61566	Removal of brain tissue	\$2,699.96	\$2,699.96	090	11%	76%	13%	0	2	0	2	1	0	0	0	0	R
61567	Incision of brain tissue	\$3,096.00	\$3,096.00	090	11%	76%	13%	0	2	0	2	1	0	0	0	0	R
61863	Implant neuroelectrode	Not Covered	Not Covered	090	11%	76%	13%	0	2	1	2	1	0	0	0	0	X
61864	Implant neuroelectrde, add'l	Not Covered	Not Covered	000	0%	0%	0%	0	0	1	2	1	0	0	0	0	X
61867	Implant neuroelectrode	Not Covered	Not Covered	090	11%	76%	13%	0	2	1	2	1	0	0	0	0	X
61868	Implant neuroelectrde, add'l	Not Covered	Not Covered	000	0%	0%	0%	0	0	1	2	1	0	0	0	0	X
63101	Removal of vertebral body	\$2,818.32	\$2,818.32	090	11%	76%	13%	0	2	0	2	1	0	0	0	0	R
63102	Removal of vertebral body	\$2,818.32	\$2,818.32	090	11%	76%	13%	0	2	0	2	1	0	0	0	0	R
63103	Remove vertebral body add-on	\$328.26	\$328.26	000	0%	0%	0%	0	0	0	2	1	0	0	0	0	R
64449	N block inj, lumbar plexus	\$203.33	\$203.33	010	10%	80%	10%	0	2	0	1	0	0	0	0	0	R
64517	N block inj, hypogas plxs	\$255.93	\$160.34	000	0%	0%	0%	0	2	0	1	0	0	0	0	0	R
64681	Injection treatment of nerve	\$634.27	\$292.86	010	10%	80%	10%	0	2	0	1	0	0	0	0	0	R
65780	Ocular reconst, transplant	\$1,036.89	\$1,036.89	090	10%	70%	20%	0	2	1	2	1	0	0	0	0	R
65781	Ocular reconst, transplant	\$1,580.63	\$1,580.63	090	10%	70%	20%	0	2	1	2	1	0	0	0	0	R

Appendix A: Added Procedure Codes

Other Professional Services Fee Schedule Additions Valid for Dates of Service on or After January 1, 2004

CODE-MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE			FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING			PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
65782	Ocular reconst, transplant	\$1,362.63	\$1,362.63	090	10%	70%	20%	0	2	1	2	1	0	0	0	0	R
67912	Correction eyelid w/ implant	\$1,346.44	\$566.50	090	10%	70%	20%	0	2	1	1	0	0	0	0	0	R
68371	Harvest eye tissue, alograft	\$490.12	\$490.12	010	10%	80%	10%	0	2	0	1	0	0	0	0	0	R
70557	Mri brain w/o dye	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
70557-26	Mri brain w/o dye	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
70557-TC	Mri brain w/o dye	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
70558	Mri brain w/ dye	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
70558-26	Mri brain w/ dye	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
70558-TC	Mri brain w/ dye	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
70559	Mri brain w/o & w/ dye	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
70559-26	Mri brain w/o & w/ dye	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
70559-TC	Mri brain w/o & w/ dye	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
75998	Fluoroguide for vein device	\$97.62	\$97.62	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	R
75998-26	Fluoroguide for vein device	\$27.82	\$27.82	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	R
75998-TC	Fluoroguide for vein device	\$69.80	\$69.80	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	R
76082	Computer mammogram add-on	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
76082-26	Computer mammogram add-on	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
76082-TC	Computer mammogram add-on	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
76083	Computer mammogram add-on	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
76083-26	Computer mammogram add-on	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
76083-TC	Computer mammogram add-on	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
76514	Echo exam of eye, thickness	\$16.69	\$16.69	000	0%	0%	0%	1	0	2	0	0	0	0	0	0	R
76514-26	Echo exam of eye, thickness	\$13.15	\$13.15	000	0%	0%	0%	1	0	2	0	0	0	0	0	0	R
76514-TC	Echo exam of eye, thickness	\$3.54	\$3.54	000	0%	0%	0%	1	0	2	0	0	0	0	0	0	R
76937	Us guide, vascular access	\$45.52	\$45.52	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	R
76937-26	Us guide, vascular access	\$22.26	\$22.26	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	R
76937-TC	Us guide, vascular access	\$23.27	\$23.27	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	R
76940	Us guide, tissue ablation	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
76940-26	Us guide, tissue ablation	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
76940-TC	Us guide, tissue ablation	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
78804	Tumor imaging, whole body	Not Covered	Not Covered	000	0%	0%	0%	1	2	0	0	0	0	0	0	0	X
78804-26	Tumor imaging, whole body	Not Covered	Not Covered	000	0%	0%	0%	1	2	0	0	0	0	0	0	0	X
78804-TC	Tumor imaging, whole body	Not Covered	Not Covered	000	0%	0%	0%	1	2	0	0	0	0	0	0	0	X
79403	Hematopoietic nuclear therapy	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
79403-26	Hematopoietic nuclear therapy	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
79403-TC	Hematopoietic nuclear therapy	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	0	0	X
84156	Assay of protein, urine	\$7.18	\$7.18	000	0%	0%	0%	9	9	9	9	9	9	9	0	0	L

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CODE-MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
84157	Assay of protein, other	\$7.18	\$7.18	000	0%	0%	0%	9	9	9	9	9	9	0	L	
85055	Reticulated platelet assay	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
85396	Clotting assay, whole blood	\$28.83	\$28.83	000	0%	0%	0%	0	0	0	0	0	0	0	R	
87269	Giardia ag, if	\$23.49	\$23.49	000	0%	0%	0%	9	9	9	9	9	9	0	L	
87329	Giardia ag, eia	\$23.49	\$23.49	000	0%	0%	0%	9	9	9	9	9	9	0	L	
87660	Trichomonas vagin, dir probe	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
88112	Cytopath, cell enhance tech	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	X	
88112-26	Cytopath, cell enhance tech	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	X	
88112-TC	Cytopath, cell enhance tech	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	X	
88361	Immunohistochemistry, tumor	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	X	
88361-26	Immunohistochemistry, tumor	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	X	
88361-TC	Immunohistochemistry, tumor	Not Covered	Not Covered	000	0%	0%	0%	1	0	0	0	0	0	0	X	
89220	Sputum specimen collection	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
89225	Starch granules, feces	\$4.60	\$4.60	000	0%	0%	0%	9	9	9	9	9	9	0	L	
89230	Collect sweat for test	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
89235	Water load test	\$5.22	\$5.22	000	0%	0%	0%	9	9	9	9	9	9	0	L	
89240	Pathology lab procedure	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
89268	Insemination of oocytes	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
89272	Extended culture of oocytes	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
89280	Assist oocyte fertilization	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
89281	Assist oocyte fertilization	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
89290	Biopsy, oocyte polar body	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
89291	Biopsy, oocyte polar body	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
89335	Cryopreserve testicular tiss	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
89342	Storage/year; embryo(s)	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
89343	Storage/year; sperm/semen	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
89344	Storage/year; reprod tissue	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
89346	Storage/year; oocyte	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
89352	Thawing cryopresrvd; embryo	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
89353	Thawing cryopresrvd; sperm	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
89354	Thaw cryoprsrvd; reprod tiss	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
89356	Thawing cryopresrvd; oocyte	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
90655	Flu vaccine, 6-35 mo, im	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
90656	Flu vaccine, > 3 yr, im	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
90698	Dtap-hib-ip vaccine, im	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
90715	Tdap vaccine >7 im	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
90734	Meningococcal vaccine, im	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	

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		NON-FACILITY SETTING	FACILITY SETTING			PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
91110	Gi tract capsule endoscopy	\$1,279.17	\$1,279.17	000	0%	0%	0%	0%	1	0	0	0	0	0	0	0	R
91110-26	Gi tract capsule endoscopy	\$249.36	\$249.36	000	0%	0%	0%	0%	1	0	0	0	0	0	0	0	R
91110-TC	Gi tract capsule endoscopy	\$1,029.81	\$1,029.81	000	0%	0%	0%	0%	1	0	0	0	0	0	0	0	R
95991	Spin/brain pump refill & main	Not Covered	Not Covered	000	0%	0%	0%	0%	0	0	0	0	0	0	0	0	X
97755	Assistive technology assess	\$46.53	\$46.53	000	0%	0%	0%	0%	7	0	0	0	0	0	0	0	R
99601	Home infusion/visit, 2 hrs	Not Covered	Not Covered	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	X
99602	Home infusion, each addtl hr	Not Covered	Not Covered	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	X
A0800	Amb trans 7pm-7am	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4216	Sterile water/saline, 10 ml	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4217	Sterile water/saline, 500 ml	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4248	Chlorhexidine antisept	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4366	Ostomy vent	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4416	Ost pch clsd w barrier/filtr	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4417	Ost pch w bar/bltinconv/filtr	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4418	Ost pch clsd w/o bar w filtr	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4419	Ost pch for bar w flange/flt	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4420	Ost pch clsd for bar w lk fl	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4423	Ost pch for bar w lk fl/filtr	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4424	Ost pch drain w bar & filter	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4425	Ost pch drain for barrier fl	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4426	Ost pch drain 2 piece system	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4427	Ost pch drain/barr lk flng/f	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4428	Urine ost pouch w faucet/tap	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4429	Urine ost pouch w bltinconv	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4430	Ost urine pch w b/bltin conv	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4431	Ost pch urine w barrier/tapv	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4432	Os pch urine w bar/fange/tap	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4433	Urine ost pch bar w lock fln	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4434	Ost pch urine w lock flng/ft	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A4638	Repl batt pulse gen sys	Not Covered	Not Covered	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	X
A4671	Disposable cycler set	By Report	By Report	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	N
A4672	Drainage ext line, dialysis	By Report	By Report	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	N
A4673	Ext line w easy lock connect	By Report	By Report	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	N
A4674	Chem/antisept solution, 8oz	By Report	By Report	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	N
A4728	Dialysate solution, non-dex	By Report	By Report	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	N
A6407	Packing strips, non-impreg	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B
A6441	Pad band w>=3" <5"/yd	Bundled	Bundled	000	0%	0%	0%	0%	9	9	9	9	9	9	9	0	B

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CODE-MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
A6442	Conform band n/s w<3"/yd	Bundled	Bundled	000	0%	0%	0%	9	9	9	9	9	9	0	B	
A6443	Conform band n/s w>=3"<5"/yd	Bundled	Bundled	000	0%	0%	0%	9	9	9	9	9	9	0	B	
A6444	Conform band n/s w>=5"/yd	Bundled	Bundled	000	0%	0%	0%	9	9	9	9	9	9	0	B	
A6445	Conform band s w <3"/yd	Bundled	Bundled	000	0%	0%	0%	9	9	9	9	9	9	0	B	
A6446	Conform band s w>=3" <5"/yd	Bundled	Bundled	000	0%	0%	0%	9	9	9	9	9	9	0	B	
A6447	Conform band s w >=5"/yd	Bundled	Bundled	000	0%	0%	0%	9	9	9	9	9	9	0	B	
A6448	Lt compres band <3"/yd	Bundled	Bundled	000	0%	0%	0%	9	9	9	9	9	9	0	B	
A6449	Lt compres band >=3" <5"/yd	Bundled	Bundled	000	0%	0%	0%	9	9	9	9	9	9	0	B	
A6450	Lt compres band >=5"/yd	Bundled	Bundled	000	0%	0%	0%	9	9	9	9	9	9	0	B	
A6451	Mod compres band w>=3"<5"/yd	Bundled	Bundled	000	0%	0%	0%	9	9	9	9	9	9	0	B	
A6452	High compres band w>=3"<5"/yd	Bundled	Bundled	000	0%	0%	0%	9	9	9	9	9	9	0	B	
A6453	Self-adher band w <3"/yd	Bundled	Bundled	000	0%	0%	0%	9	9	9	9	9	9	0	B	
A6454	Self-adher band w>=3" <5"/yd	Bundled	Bundled	000	0%	0%	0%	9	9	9	9	9	9	0	B	
A6455	Self-adher band >=5"/yd	Bundled	Bundled	000	0%	0%	0%	9	9	9	9	9	9	0	B	
A6456	Zinc paste band w >=3"<5"/yd	Bundled	Bundled	000	0%	0%	0%	9	9	9	9	9	9	0	B	
A6550	Neg pres wound ther drsg set	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
A6551	Neg press wound ther canistr	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
A7046	Repl water chamber, PAP dev	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
A7520	Trach/laryn tube non-cuffed	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
A7521	Trach/laryn tube cuffed	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
A7522	Trach/laryn tube stainless	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
A7523	Tracheostomy shower protect	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
A7524	Tracheostoma stent/stud/btn	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
A7525	Tracheostomy mask	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
A7526	Tracheostomy tube collar	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
A9280	Alert device, noc	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
A9525	Low/iso-osmolar contrast mat	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	D	
A9526	Ammonia N-13, per dose	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	D	
A9528	Dx I131 so iodide cap millic	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	D	
A9529	Dx I131 so iodide sol millic	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	D	
A9530	Th I131 so iodide sol millic	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	D	
A9531	Dx I131 so iodide microcurie	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	D	
A9532	I-125 serum albumin micro	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	D	
A9533	I-131 tositumomab diagnostic	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	D	
A9534	I-131 tositumomab therapeut	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	D	
A9999	DME supply or accessory, nos	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
C1080	I-131 tositumomab, dx	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	

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CODE-MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
C1081	I-131 tositumomab, tx	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	
C1082	In-111 ibritumomab tiuxetan	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	
C1083	Yttrium 90 ibritumomab tiuxe	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	
C1819	Tissue localization-excision	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	
C2633	Brachytx source, Cesium-131	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	
C9207	Injection, bortezomib	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	
C9210	Injection, palonosetron HCl	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	
C9211	Inj, alefacept, IV	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	
C9212	Inj, alefacept, IM	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	
C9704	Inj inert subs upper GI	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O	
E0118	Crutch substitute	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0140	Walker w trunk support	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0190	Positioning cushion	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
E0240	Bath/shower chair	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0247	Trans bench w/wo comm open	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0248	HDtrans bench w/wo comm open	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0300	Enclosed ped crib hosp grade	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
E0301	HD hosp bed, 350-600 lbs	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0302	Ex hd hosp bed > 600 lbs	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0303	Hosp bed hvy dty xtra wide	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0304	Hosp bed xtra hvy dty x wide	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0470	RAD w/o backup non-inv intrfc	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0471	RAD w/backup non inv intrfc	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0472	RAD w backup invasive intrfc	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0561	Humidifier nonheated w PAP	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0562	Humidifier heated used w PAP	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0637	Sit-stand w seatlift	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0638	Standing frame sys	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0675	Pneumatic compression device	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0955	Cushioned headrest	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0956	W/c lateral trunk/hip suppor	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0957	W/c medial thigh support	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0960	W/c shoulder harness/straps	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0981	Seat upholstery, replacement	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0982	Back upholstery, replacement	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0983	Add pwr joystick	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0984	Add pwr tiller	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	

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		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
E0985	W/c seat lift mechanism	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E0986	Man w/c push-rim pow assist	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E1002	Pwr seat tilt	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E1003	Pwr seat recline	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E1004	Pwr seat recline mech	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E1005	Pwr seat recline pwr	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E1006	Pwr seat combo w/o shear	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E1007	Pwr seat combo w/shear	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E1008	Pwr seat combo pwr shear	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E1009	Add mech leg elevation	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E1010	Add pwr leg elevation	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E1028	W/c manual swingaway	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E1029	W/c vent tray fixed	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E1030	W/c vent tray gimbaled	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E1391	Oxygen concentrator, dual	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E1634	Peritoneal dialysis clamp	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2120	Pulse gen sys tx endolymph fl	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
E2201	Man w/ch acc seat w>=20"<24"	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2202	Seat width 24-27 in	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2203	Frame depth less than 22 in	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2204	Frame depth 22 to 25 in	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2300	Pwr seat elevation sys	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2301	Pwr standing	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2310	Electro connect btw control	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2311	Electro connect btw 2 sys	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2320	Hand chin control	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2321	Hand interface joystick	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2322	Mult mech switches	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2323	Special joystick handle	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2324	Chin cup interface	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2325	Sip and puff interface	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2326	Breath tube kit	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2327	Head control interface mech	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2328	Head/extremity control inter	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2329	Head control nonproportional	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2330	Head control proximity switc	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	

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		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
E2331	Attendant control	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2340	W/c width 20-23 in seat frame	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2341	W/c width 24-27 in seat frame	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2342	W/c dpth 20-21 in seat frame	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2343	W/c dpth 22-25 in seat frame	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2351	Electronic SGD interface	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2360	22nf nonsealed leadacid	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2361	22nf sealed leadacid battery	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2362	Gr24 nonsealed leadacid	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2363	Gr24 sealed leadacid battery	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2364	U1nonsealed leadacid battery	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2365	U1 sealed leadacid battery	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2366	Battery charger, single mode	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2367	Battery charger, dual mode	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2399	Noc interface	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2402	Neg press wound therapy pump	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2500	SGD digitized pre-rec <=8min	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2502	SGD prerec msg >8min <=20min	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2504	SGD prerec msg>20min <=40min	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2506	SGD prerec msg > 40 min	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2508	SGD spelling phys contact	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2510	SGD w multi methods msg/accs	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2511	SGD sftwre prgrm for PC/PDA	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2512	SGD accessory, mounting sys	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
E2599	SGD accessory noc	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
G0302	Pre-op service LVRS complete	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
G0303	Pre-op service LVRS 10-15dos	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
G0304	Pre-op service LVRS 1-9 dos	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
G0305	Post op service LVRS min 6	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
G0306	CBC/diffwbc w/o platelet	\$15.22	\$15.22	000	0%	0%	0%	9	9	9	9	9	9	0	L	
G0307	CBC without platelet	\$12.68	\$12.68	000	0%	0%	0%	9	9	9	9	9	9	0	L	
G0308	ESRD related svc 4+mo<2yrs	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
G0309	ESRD related svc 2-3mo<2yrs	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
G0310	ESRD related svc 1 visit<2yr	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
G0311	ESRD related svs 4+mo 2-11yr	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
G0312	ESRD relate svs 2-3 mo 2-11y	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
G0313	ESRD related svs 1 mon 2-11y	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	

Appendix A: Added Procedure Codes

Other Professional Services Fee Schedule Additions Valid for Dates of Service on or After January 1, 2004

CODE-MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
G0314	ESRD related svcs 4+ mo 12-19	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
G0315	ESRD related svcs 2-3mo 12-19	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
G0316	ESRD relate svcs 1 visit 12-19	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
G0317	ESRD related svcs 4+mo 20+yrs	\$407.67	\$407.67	000	0%	0%	0%	0	0	0	0	0	0	0	R	
G0318	ESRD related svcs 2-3 mo 20+y	\$339.39	\$339.39	000	0%	0%	0%	0	0	0	0	0	0	0	R	
G0319	ESRD related svcs 1 visit 20+	\$271.61	\$271.61	000	0%	0%	0%	0	0	0	0	0	0	0	R	
G0320	ESRD related svcs home under2	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
G0321	ESRD related svcs home mo<2ys	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
G0322	ESRD relate svcs home mo12-19	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
G0323	ESRD related svcs home mo 20+	\$339.39	\$339.39	000	0%	0%	0%	0	0	0	0	0	0	0	R	
G0324	ESRD related svcs home/dy<2y	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
G0325	ESRD relate home/dy 2-11 yr	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
G0326	ESRD relate home/dy 12-19y	Not Covered	Not Covered	000	0%	0%	0%	0	0	0	0	0	0	0	X	
G0327	ESRD relate home/dy 20+yrs	\$11.63	\$11.63	000	0%	0%	0%	0	0	0	0	0	0	0	R	
G0328	Fecal blood scrn immunoassay	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
G0338	Linear accelerator stero pln	Hosp. Only	Hosp. Only	000	0%	0%	0%	9	9	9	9	9	9	0	O	
G0339	Robot lin-radsurg com, first	Hosp. Only	Hosp. Only	000	0%	0%	0%	9	9	9	9	9	9	0	O	
G0340	Robt lin-radsurg fractx 2-5	Hosp. Only	Hosp. Only	000	0%	0%	0%	9	9	9	9	9	9	0	O	
J0152	Adenosine injection	AWP	AWP	000	0%	0%	0%	9	9	9	9	9	9	0	D	
J0215	Alefacept	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
J0583	Bivalirudin	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
J0595	Butorphanol tartrate 1 mg	\$4.64	\$4.64	000	0%	0%	0%	9	9	9	9	9	9	0	D	
J1335	Ertapenem injection	\$50.05	\$50.05	000	0%	0%	0%	9	9	9	9	9	9	0	D	
J1595	Injection glatiramer acetate	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
J2001	Lidocaine injection	\$1.03	\$1.03	000	0%	0%	0%	9	9	9	9	9	9	0	D	
J2185	Meropenem	\$5.19	\$5.19	000	0%	0%	0%	9	9	9	9	9	9	0	D	
J2280	Inj, moxifloxacin 100 mg	\$10.96	\$10.96	000	0%	0%	0%	9	9	9	9	9	9	0	D	
J2353	Octreotide injection, depot	\$97.70	\$97.70	000	0%	0%	0%	9	9	9	9	9	9	0	D	
J2354	Octreotide inj, non-depot	\$4.48	\$4.48	000	0%	0%	0%	9	9	9	9	9	9	0	D	
J2505	Injection, pegfilgrastim 6mg	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
J2783	Rasburicase	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
J3411	Thiamine hcl 100 mg	\$0.95	\$0.95	000	0%	0%	0%	9	9	9	9	9	9	0	D	
J3415	Pyridoxine hcl 100 mg	\$0.55	\$0.55	000	0%	0%	0%	9	9	9	9	9	9	0	D	
J3465	Injection, voriconazole	\$5.26	\$5.26	000	0%	0%	0%	9	9	9	9	9	9	0	D	
J3486	Ziprasidone mesylate	\$21.91	\$21.91	000	0%	0%	0%	9	9	9	9	9	9	0	D	
J7303	Contraceptive vaginal ring	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
J7621	(Levo)albuterol/Ipra-bromide	\$2.00	\$2.00	000	0%	0%	0%	9	9	9	9	9	9	0	D	

Appendix A: Added Procedure Codes

Other Professional Services Fee Schedule Additions Valid for Dates of Service on or After January 1, 2004

CODE-MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
J9098	Cytarabine liposome	\$391.54	\$391.54	000	0%	0%	0%	9	9	9	9	9	9	0	D	
J9178	Inj, epirubicin hcl, 2 mg	\$29.13	\$29.13	000	0%	0%	0%	9	9	9	9	9	9	0	D	
J9263	Oxaliplatin	\$9.96	\$9.96	000	0%	0%	0%	9	9	9	9	9	9	0	D	
J9395	Injection, Fulvestrant	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
L0112	Cranial cervical orthosis	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
L0861	Halo repl liner/interface	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
L1831	Knee orth pos locking joint	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
L1907	AFO supramalleolar custom	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
L1951	AFO spiral prefabricated	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
L1971	AFO w/ankle joint, prefab	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
L3031	Foot lamin/prepreg composite	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
L3917	Prefab metacarpal fx orthosis	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
L5673	Socket insert w lock mech	\$734.17	\$734.17	000	0%	0%	0%	0	0	0	0	0	0	0	F	
L5679	Socket insert w/o lock mech	\$611.81	\$611.81	000	0%	0%	0%	0	0	0	0	0	0	0	F	
L5681	Intl custm cong/latyp insert	\$1,323.51	\$1,323.51	000	0%	0%	0%	0	0	0	0	0	0	0	F	
L5683	Initial custom socket insert	\$1,323.51	\$1,323.51	000	0%	0%	0%	0	0	0	0	0	0	0	F	
L8511	Indwelling trach insert	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
L8512	Gel cap for trach voice pros	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
L8513	Trach pros cleaning device	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
L8514	Repl trach puncture dilator	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
L8631	MCP joint repl 2 pc or more	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
L8659	Interphalangeal joint repl	By Report	By Report	000	0%	0%	0%	0	0	0	0	0	0	0	N	
P9051	Blood, l/r, cmv-neg	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
P9052	Platelets, hla-m, l/r, unit	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
P9053	Plt, pher, l/r cmv-neg, irr	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
P9054	Blood, l/r, froz/degly/wash	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
P9055	Plt, aph/pher, l/r, cmv-neg	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
P9056	Blood, l/r, irradiated	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
P9057	RBC, frz/deg/wsh, l/r, irradi	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
P9058	RBC, l/r, cmv-neg, irradi	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
P9059	Plasma, frz between 8-24hour	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
P9060	Fr frz plasma donor retested	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
Q0137	Darbepoetin alfa, non-esrd	\$5.00	\$5.00	000	0%	0%	0%	9	9	9	9	9	9	0	D	
Q0182	Nonmetabolic act d/e tissue	\$29.92	\$29.92	000	0%	0%	0%	9	9	9	9	9	9	0	D	
Q4054	Darbepoetin alfa, esrd use	\$5.00	\$5.00	000	0%	0%	0%	9	9	9	9	9	9	0	D	
Q4055	Epoetin alfa, esrd use	\$13.38	\$13.38	000	0%	0%	0%	9	9	9	9	9	9	0	D	
S0107	Inj, omalizumab 25 mg	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	

Appendix A: Added Procedure Codes

Other Professional Services Fee Schedule Additions Valid for Dates of Service on or After January 1, 2004

CODE-MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)			
S0115	Bortezomib 3.5 mg	\$1,141.58	\$1,141.58	000	0%	0%	0%	9	9	9	9	9	9	0	D	
S2085	Laparoscop gastric bypass	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S2095	Transcath emboliz microspher	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S2135	Neurolysis interspace foot	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S2213	Implant gastric stim	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S2225	Myringotomy laser-assist	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S2362	Kyphoplasty, first vertebra	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S2363	Kyphoplasty, each addl	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S3853	Gene test myo musclr dyst	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S8075	CAD of digital mammogr	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
S8948	Low-level laser trmt 15 min	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T2101	Breast milk proc/store/dist	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T5001	Special position seat/vehicl	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
T5999	Supply, nos	Not Covered	Not Covered	000	0%	0%	0%	9	9	9	9	9	9	0	X	
V2121	Lenticular lens, single	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
V2221	Lenticular lens, bifocal	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
V2321	Lenticular lens, trifocal	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
V2745	Tint, any color/solid/grad	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
V2756	Eye glass case	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
V2761	Mirror coating	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
V2762	Polarization, any lens	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
V2782	Lens, 1.54-1.65 p/1.60-1.79g	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
V2783	Lens, >= 1.66 p/>=1.80 g	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
V2784	Lens polycarb or equal	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
V2786	Occupational multifocal lens	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	
V2797	Vis item/svc in other code	By Report	By Report	000	0%	0%	0%	9	9	9	9	9	9	0	N	

Appendix B: Reinstated Procedure Codes

Other Professional Services Fee Schedule Additions Reinstated by CMS for Dates of Service on or After January 1, 2004

		DOLLAR VALUE			MODIFIERS												
CODE-MOD	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI		
C1713	Anchor/screw bn/bn,tis/bn	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1714	Cath, trans atherectomy, dir	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1715	Brachytherapy needle	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1717	Brachytx seed, HDR Ir-192	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1721	AICD, dual chamber	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1722	AICD, single chamber	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1724	Cath, trans atherec,rotation	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1725	Cath, translumin non-laser	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1726	Cath, bal dil, non-vascular	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1727	Cath, bal tis dis, non-vas	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1728	Cath, brachytx seed adm	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1729	Cath, drainage	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1730	Cath, EP, 19 or few elect	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1731	Cath, EP, 20 or more elec	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1732	Cath, EP, diag/abl, 3D/vect	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1733	Cath, EP, othr than cool-tip	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1750	Cath, hemodialysis,long-term	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1751	Cath, inf, per/cent/midline	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1752	Cath,hemodialysis,short-term	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1753	Cath, intravas ultrasound	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1754	Catheter, intradiscal	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1755	Catheter, intraspinal	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1756	Cath, pacing, transesoph	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1757	Cath, thrombectomy/embolect	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1758	Catheter, ureteral	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1759	Cath, intra echocardiography	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1760	Closure dev, vas	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1762	Conn tiss, human(inc fascia)	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1763	Conn tiss, non-human	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1764	Event recorder, cardiac	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1766	Intro/sheath,strble,non-peel	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1767	Generator, neurostim, imp	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1768	Graft, vascular	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1769	Guide wire	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1770	Imaging coil, MR, insertable	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		

Appendix B: Reinstated Procedure Codes

CODE-MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										
		NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE (-56)	INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C1771	Rep dev, urinary, w/sling	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1772	Infusion pump, programmable	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1773	Ret dev, insertable	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1776	Joint device (implantable)	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1777	Lead, AICD, endo single coil	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1778	Lead, neurostimulator	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1779	Lead, pmkr, transvenous VDD	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1780	Lens, intraocular (new tech)	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1781	Mesh (implantable)	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1782	Morcellator	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1784	Ocular dev, intraop, det ret	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1785	Pmkr, dual, rate-resp	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1786	Pmkr, single, rate-resp	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1787	Patient progr, neurostim	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1788	Port, indwelling, imp	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1789	Prosthesis, breast, imp	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1813	Prosthesis, penile, inflatab	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1815	Pros, urinary sph, imp	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1816	Receiver/transmitter, neuro	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1817	Septal defect imp sys	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1874	Stent, coated/cov w/del sys	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1875	Stent, coated/cov w/o del sy	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1876	Stent, non-coa/non-cov w/del	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1877	Stent, non-coat/cov w/o del	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1878	Matrl for vocal cord	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1879	Tissue marker, implantable	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1880	Vena cava filter	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1881	Dialysis access system	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1882	AICD, other than sing/dual	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1883	Adapt/ext, pacing/neuro lead	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1885	Cath, translumin angio laser	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1887	Catheter, guiding	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1891	Infusion pump,non-prog, perm	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1892	Intro/sheath, fixed, peel-away	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1893	Intro/sheath, fixed, non-peel	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1894	Intro/sheath, non-laser	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1895	Lead, AICD, endo dual coil	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O
C1896	Lead, AICD, non sing/dual	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	O

Appendix B: Reinstated Procedure Codes

CODE-MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE			FOL UP	MODIFIERS										ENDO BASE	FSI
		NON-FACILITY SETTING	FACILITY SETTING	PRE (-56)		INTRA (-54)	POST (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)				
C1897	Lead, neurostim test kit	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1898	Lead, pmkr, other than trans	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C1899	Lead, pmkr/AICD combination	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C2615	Sealant, pulmonary, liquid	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C2617	Stent, non-cor, tem w/o del	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C2619	Pmkr, dual, non rate-resp	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C2620	Pmkr, single, non rate-resp	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C2621	Pmkr, other than sing/dual	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C2622	Prosthesis, penile, non-inf	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C2625	Stent, non-cor, tem w/del sy	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C2626	Infusion pump, non-prog,temp	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C2627	Cath, suprapubic/cystoscopic	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C2628	Catheter, occlusion	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C2629	Intro/sheath, laser	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C2630	Cath, EP, cool-tip	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		
C2631	Rep dev, urinary, w/o sling	Hosp. Only	Hosp. Only	000	0%	0%	0%	0	0	0	0	0	0	0	0		

Appendix C: Procedure Codes for Hospital Outpatient Use Only

Services for hospital outpatient care provided to injured workers covered by the State Fund are paid using three payment methods:

1. Ambulatory Payment Classification (APC) system,
2. Professional Fee Schedule, or
3. Percent of Allowed Charges (POAC).

Refer to the August 1, 2003 *Medical Aid Rules and Fee Schedules*, WAC 296-23A, and Provider Bulletin 01-13 for more detailed information about the application of these payment methods.

When the Professional Fee Schedule payment method applies and the “Dollar Value” column in the Professional Services Fee Schedule indicates “Hosp. Only,” the maximum payment is determined based upon the current Outpatient Code Editor.

Professional Fee Schedule Payment Method Codes Restricted for Hospital Outpatient Use			
CODE- MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE	FSI
C1080	I-131 tositumomab, dx	By Report	N
C1081	I-131 tositumomab, tx	By Report	N
C1082	In-111 ibritumomab tiuxetan	By Report	N
C1083	Yttrium 90 ibritumomab tiuxe	By Report	N
C1713	Anchor/screw bn/bn,tis/bn	By Report	N
C1714	Cath, trans atherectomy, dir	By Report	N
C1715	Brachytherapy needle	By Report	N
C1717	Brachytx seed, HDR Ir-192	By Report	N
C1721	AICD, dual chamber	By Report	N
C1722	AICD, single chamber	By Report	N
C1724	Cath, trans atherectomy, rotation	By Report	N
C1725	Cath, translumin non-laser	By Report	N
C1726	Cath, bal dil, non-vascular	By Report	N
C1727	Cath, bal tis dis, non-vas	By Report	N
C1728	Cath, brachytx seed adm	By Report	N
C1729	Cath, drainage	By Report	N
C1730	Cath, EP, 19 or few elect	By Report	N
C1731	Cath, EP, 20 or more elec	By Report	N
C1732	Cath, EP, diag/abl, 3D/vect	By Report	N
C1733	Cath, EP, othr than cool-tip	By Report	N
C1750	Cath, hemodialysis, long-term	By Report	N
C1751	Cath, inf, per/cent/midline	By Report	N
C1752	Cath, hemodialysis, short-term	By Report	N
C1753	Cath, intravas ultrasound	By Report	N

Professional Fee Schedule Payment Method Codes Restricted for Hospital Outpatient Use			
CODE- MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE	FSI
C1754	Catheter, intradiscal	By Report	N
C1755	Catheter, intraspinal	By Report	N
C1756	Cath, pacing, transesoph	By Report	N
C1757	Cath, thrombectomy/embolect	By Report	N
C1758	Catheter, ureteral	By Report	N
C1759	Cath, intra echocardiography	By Report	N
C1760	Closure dev, vasc	By Report	N
C1762	Conn tiss, human (inc fascia)	By Report	N
C1763	Conn tiss, non-human	By Report	N
C1764	Event recorder, cardiac	By Report	N
C1766	Intro/sheath, strble, non-peel	By Report	N
C1767	Generator, neurostim, imp	By Report	N
C1768	Graft, vascular	By Report	N
C1769	Guide wire	By Report	N
C1770	Imaging coil, MR, insertable	By Report	N
C1771	Rep dev, urinary, w/sling	By Report	N
C1772	Infusion pump, programmable	By Report	N
C1773	Ret dev, insertable	By Report	N
C1776	Joint device (implantable)	By Report	N
C1777	Lead, AICD, endo single coil	By Report	N
C1778	Lead, neurostimulator	By Report	N
C1779	Lead, pmkr, transvenous VDD	By Report	N
C1780	Lens, intraocular (new tech)	By Report	N
C1781	Mesh (implantable)	By Report	N

Appendix C: Procedure Codes for Hospital Outpatient Use Only

Professional Fee Schedule Payment Method Codes Restricted for Hospital Outpatient Use			
CODE- MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE	FSI
C1782	Morcellator	By Report	N
C1784	Ocular dev, intraop, det ret	By Report	N
C1785	Pmkr, dual, rate-resp	By Report	N
C1786	Pmkr, single, rate-resp	By Report	N
C1787	Patient progr, neurostim	By Report	N
C1788	Port, indwelling, imp	By Report	N
C1789	Prosthesis, breast, imp	By Report	N
C1813	Prosthesis, penile, inflatab	By Report	N
C1815	Pros, urinary sph, imp	By Report	N
C1816	Receiver/transmitter, neuro	By Report	N
C1817	Septal defect imp sys	By Report	N
C1818	Integrated keratoprosthesis	By Report	N
C1819	Tissue localization-excision	By Report	N
C1874	Stent, coated/cov w/del sys	By Report	N
C1875	Stent, coated/cov w/o del sy	By Report	N
C1876	Stent, non-coa/non-cov w/del	By Report	N
C1877	Stent, non-coat/cov w/o del	By Report	N
C1878	Matrl for vocal cord	By Report	N
C1879	Tissue marker, implantable	By Report	N
C1880	Vena cava filter	By Report	N
C1881	Dialysis access system	By Report	N
C1882	AICD, other than sing/dual	By Report	N
C1883	Adapt/ext, pacing/neuro lead	By Report	N
C1885	Cath, translumin angio laser	By Report	N
C1887	Catheter, guiding	By Report	N
C1891	Infusion pump,non-prog, perm	By Report	N
C1892	Intro/sheath, fixed, peel-away	By Report	N
C1893	Intro/sheath, fixed, non-peel	By Report	N
C1894	Intro/sheath, non-laser	By Report	N
C1895	Lead, AICD, endo dual coil	By Report	N
C1896	Lead, AICD, non sing/dual	By Report	N
C1897	Lead, neurostim test kit	By Report	N
C1898	Lead, pmkr, other than trans	By Report	N

Professional Fee Schedule Payment Method Codes Restricted for Hospital Outpatient Use			
CODE- MOD	ABBREVIATED DESCRIPTION	DOLLAR VALUE	FSI
C1899	Lead, pmkr/AICD combination	By Report	N
C2615	Sealant, pulmonary, liquid	By Report	N
C2617	Stent, non-cor, tem w/o del	By Report	N
C2619	Pmkr, dual, non rate-resp	By Report	N
C2620	Pmkr, single, non rate-resp	By Report	N
C2621	Pmkr, other than sing/dual	By Report	N
C2622	Prosthesis, penile, non-inf	By Report	N
C2625	Stent, non-cor, tem w/del sy	By Report	N
C2626	Infusion pump, non-prog, temp	By Report	N
C2627	Cath, suprapubic/cystoscopic	By Report	N
C2628	Catheter, occlusion	By Report	N
C2629	Intro/sheath, laser	By Report	N
C2630	Cath, EP, cool-tip	By Report	N
C2631	Rep dev, urinary, w/o sling	By Report	N
C2633	Brachytx source, Cesium-131	By Report	N
C8918	MRA w/cont, pelvis	By Report	N
C8919	MRA w/o cont, pelvis	By Report	N
C8920	MRA w/o fol w/cont, pelvis	By Report	N
C9123	Transcyte, per 247 sq cm	By Report	N
C9207	Injection, bortezomib	By Report	N
C9208	Injection, agalsidase beta	By Report	N
C9209	Injection, laronidase	By Report	N
C9210	Injection, palonosetron HCl	By Report	N
C9211	Inj, alefacept, IV	By Report	N
C9212	Inj, alefacept, IM	By Report	N
C9704	Inj inert subs upper GI	By Report	N
G0297	Insert single chamber/cd	By Report	N
G0298	Insert dual chamber/cd	By Report	N
G0299	Inser/repos single icd+leads	By Report	N
G0300	Insert reposit lead dual+gen	By Report	N
G0338	Linear accelerator stero pln	By Report	N
G0339	Robot lin-radsurg com, first	By Report	N
G0340	Robt lin-radsurg fractx 2-5	By Report	N

Appendix D: Added Procedure Codes Valid for Ambulatory Surgery Centers

Ambulatory Surgery Fee Schedule Additions Valid for Dates of Service on or After January 1, 2004

CODE-MOD	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
22532	Lat thorax spine fusion	13	UR, BR
22533	Lat lumbar spine fusion	13	UR, BR
22534	Lat thor/lumb, add'l seg	13	UR, BR
31632	Bronchoscopy/lung bx, add'l	11	BR
31633	Bronchoscopy/needle bx add'l	11	BR
34805	Endovasc abdo repair w/pros	13	UR, BR
36556	Insert non-tunnel cv cath	1	\$ 787
36558	Insert tunneled cv cath	2	\$ 1,054
36561	Insert tunneled cv cath	3	\$ 1,206
36563	Insert tunneled cv cath	3	\$ 1,206
36565	Insert tunneled cv cath	3	\$ 1,206
36566	Insert tunneled cv cath	3	\$ 1,206
36569	Insert tunneled cv cath	1	\$ 787
36571	Insert tunneled cv cath	3	\$ 1,206
36575	Repair tunneled cv cath	2	\$ 1,054
36576	Repair tunneled cv cath	2	\$ 1,054
36578	Replace tunneled cv cath	2	\$ 1,054
36580	Replace tunneled cv cath	1	\$ 787
36581	Replace tunneled cv cath	2	\$ 1,054
36582	Replace tunneled cv cath	3	\$ 1,206
36583	Replace tunneled cv cath	3	\$ 1,206
36584	Replace tunneled cv cath	1	\$ 787
36585	Replace tunneled cv cath	3	\$ 1,206
36589	Removal tunneled cv cath	1	\$ 787
36590	Removal tunneled cv cath	1	\$ 787
36595	Mech remov tunneled cv cath	11	BR
36596	Mech remov tunneled cv cath	11	BR
36597	Reposition venous catheter	14	\$ 140.11
43237	Endoscopic us exam, esoph	11	BR
43238	Uppr gi endoscopy w/us fn bx	11	BR
47140	Partial removal, donor liver	13	UR, BR

CODE-MOD	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
47141	Partial removal, donor liver	13	UR, BR
47142	Partial removal, donor liver	13	UR, BR
53500	Urethrllys, transvag w/ scope	11	BR
57425	Laparoscopy, surg, colpopexy	11	BR
59070	Transabdom amnioinfus w/ us	11	BR
59072	Umbilical cord occlud w/ us	11	BR
59074	Fetal fluid drainage w/ us	11	BR
59076	Fetal shunt placement, w/ us	11	BR
59897	Fetal invas px w/ us	11	BR
61537	Removal of brain tissue	13	UR, BR
61540	Removal of brain tissue	13	UR, BR
61566	Removal of brain tissue	13	UR, BR
61567	Incision of brain tissue	13	UR, BR
63101	Removal of vertebral body	13	UR, BR
63102	Removal of vertebral body	13	UR, BR
63103	Remove vertebral body add-on	13	UR, BR
64449	N block inj, lumbar plexus	11	BR
64517	N block inj, hypogas plxs	11	BR
64681	Injection treatment of nerve	11	BR
65780	Ocular reconst, transplant	11	BR
65781	Ocular reconst, transplant	11	BR
65782	Ocular reconst, transplant	11	BR
67912	Correction eyelid w/ implant	11	BR
68371	Harvest eye tissue, alograft	11	BR
76514	Echo exam of eye, thickness	14	\$ 3.54
91110	Gi tract capsule endoscopy	11	BR
G0297	Insert single chamber/cd	11	BR
G0298	Insert dual chamber/cd	11	BR
G0299	Insert/repos single icd+leads	11	BR
G0300	Insert reposit lead dual+gen	11	BR

Appendix E: Procedure Codes Invalid for Ambulatory Surgery Centers for Dates of Service on or After April 1, 2004

Ambulatory Surgery Fee Schedule Deletions for Dates of Service on or After April 1, 2004

CODE-MOD	ABBREVIATED DESCRIPTION	PAYMENT GROUP
19030	Injct Procedur Only:Fr Mammary Ductgrmga	11
20501	Injection Sinus Tract Dx Sinogram	11
20974	Elec Stim To Aid Bone Healing(Nonoperat)	11
20979	Low Intense Ultrasound Aid Bone Healing	11
21041	Exc Benign Cyst/Or Tumor Mandible, Compl	11
21116	Injection Only:Fr Tmpmandib Arthromotogr	11
23350	Injection Procedure For Shoulder Arthrog	11
24220	Inj Proc For Elbow Arthrography	11
25246	Inj Procedure Wrist Arthrography	11
27093	Inject Proc For Hip Arthrography W/O Anes	11
27095	Inject Proc For Hip Arthrography W/Anes	11
27096	Injection Sacroliliac Jnt, Arthrography	11
27370	Injection Procedure For Knee Arthrograph	11
27648	Inj Proc For Ankle Arthrography	11
31708	Instil Contr Mat Fr Laryng/Broncho/Grph	11
33240	Insertion Or Replacement Of Implantable	11
33249	Insertion Or Replacement Of Implantable	11
36000	Introduction-Needle/Intracath Vein	11
36005	Injection Procedure For Contrast Venogra	11
36010	Introduction Cath, Sup/Inf Vena Cava	11
36011	Select Cath Plcmnt,Venous Sys;1st Branch	11
36012	Select Cath Plcmnt,Venous Sys;2nd/Branch	11
36013	Intro Cath,Right Heart Or Main Pulmonary	11
36014	Select Cath Plcmnt, Left/Right Pulmonary	11
36015	Select Cath Plcmnt,Seg/Subseg Pulmonary	11
36100	Introduc Needl/Intrcath Car/Vert-Art	11
36120	Introduc Needl/Intrcath Retro Brach Art	11
36140	Introduc Needl/Intrcath Extrem Artery	11
36145	Arteriovenous Shunt Fr Dialysis(Can,Fis/	11
36160	Introduc Needl/Intrcath Aortic/Trnslumbr	11

CODE-MOD	ABBREVIATED DESCRIPTION	PAYMENT GROUP
36200	Introduction Of Catheter,Aorta	11
36215	Slct Cath,Artrl Sys;Each 1st Order Thx/B	11
36216	Slct Cath,Artrl Sys;Intl 2nd Order Thrx/	11
36217	Slct Cath,Artrl Sys;Intl 3rd Order Thrx/	11
36218	Slct Cath,Artrl Sys;Addtl 2nd/3rd/Other	11
36245	Introduc Cath,Aorta/Selectv:Ea Add Abdm	11
36246	Slct Cath,Artrl Sys;Intl 2nd Order Abdom	11
36247	Slct Cath,Artrl Sys;Intl 3rd Or More	11
36248	Slct Cath,Artrl Sys;Intl 2nd,3rd Or More	11
36299	Unlisted Procedure-Vascular Injection	11
36410	Venipuncture Adult Fr Dx/Therap Sep Pro	11
36415	Venipuncture Routine Collect Specimens*	11
36481	Percutaneous Portal Vein Cathet Any Meth	11
36500	Venous Cath Selec Organ Bld Sampl	11
36520	Therapeutic Apheresis(Plsma &/Or Cell Ex	11
36521	Therapeutic Apheresis W/Extracorporeal	11
36540	Collection Of Blood Specimen From A Part	11
36600	Arterial Puncture Blood Withdrawal Dx	13
36620	Art Cath For Montor/Transfuson, Percut	11
38200	Injection Procedure For Splenoportograph	11
38231	Blood-Derived Peripheral Stem Cell Harve	11
38792	Injection Procedure, Ident Sentinel Node	11
38794	Cannulation Thoracic Duct	11
42550	Injection Procedure For Sialography	11
44209	Unlisted Laparoscopy Procedure,Intestine	11
47001	Biopsy Liver, Percut Needle;When Done Fo	11
47500	Inj Percutaneous Transhepat Cholangiogra	11
47505	Injection Procedure For Cholangiography	11
48550	Donor Pancreatectomy, With Preparation A	11
48554	Transplantation Of Pancreatic Allograft	11

Appendix E: Procedure Codes Invalid for Ambulatory Surgery Centers for Dates of Service on or After April 1, 2004

CODE-MOD	ABBREVIATED DESCRIPTION	PAYMENT GROUP
49424	Assess Cyst, Contrast Inj	11
49427	Injection Procedure (Eg, Contrast Media)	11
50394	Inject Proc Fr Pyelograph Thru Tube/Cath	11
53670	Catheterization Urethra Simple	11
53675	Catheterization Urinary Complicated	11
54230	Inj Proc For Corpora Cavernosography	11
58340	Injection Hysterosalpingography	11
59050	Internal Fetal Monitor During Labor(Sep)	11
59051	Fetal Monitoring During Labor By Consult	11
59400	Routine Ob Care Incl Antepartum Care,Vag	4
59410	Vaginal Delivery Only And/Or Forceps	13
59426	Antepartum Care Only; 7 Or More Visits	11

CODE-MOD	ABBREVIATED DESCRIPTION	PAYMENT GROUP
59430	Post-Partum Care Only Sep Proc	11
59610	Routine Obstetric Care Incl Antepartum C	11
59614	Vaginal Delivery Only, After Prev Cesare	11
59618	Routine Obstetric Care Incl Antepartum C	11
59622	Cesarean Delivery Only,Following Attempt	11
61793	Stereotactic Focused Proton Beam Or Gamm	11
64550	Application Surface Tns	14
65760	Keratomeleusis	11
65765	Keratophakia	11
65767	Epikeratoplasty	11
68850	Inject Contrast Medium For Dacryocystogr	11

Appendix F: Additions, Changes and Corrections to the Prosthetic and Orthotic Fee Schedule

The following new HCPCS codes will require licensure for dates of service on or after January 1, 2004.

HCPCS CODE	ABBREVIATED DESCRIPTION	LICENSE REQUIRED
L5673	Socket insert w lock mech	Y
L5679	Socket insert w/o lock mech	Y
L5681	Intl custm cong/latyp insert	Y
L5683	Initial custom socket insert	Y

The following existing HCPCS codes will require licensure for dates of service on or after January 1, 2004. They were mislabeled as not requiring licensure in Provider Bulletin 03-14, *Prosthetic and Orthotic (P&O) Fee Schedule*.

HCPCS CODE	ABBREVIATED DESCRIPTION	LICENSE REQUIRED	HCPCS CODE	ABBREVIATED DESCRIPTION	LICENSE REQUIRED
L1834	Ko w/0 joint rigid molded to	Y	L2755	Carbon graphite lamination	Y
L1900	Afo sprng wir drsflx calf bd	Y	L3963	Molded w/ articulating elbow	Y
L1904	Afo molded ankle gauntlet	Y	L5321	AK open end SACH	Y
L2030	Kafo dbl solid stirrup w/o j	Y	L5331	Hip disart canadian SACH ft	Y
L2280	Molded inner boot	Y	L5840	Multi-axial knee/shin system	Y
L2330	Lacer molded to patient mode	Y	L5845	Knee-shin sys stance flexion	Y
L2350	Prosthetic type socket molde	Y	L5846	Knee-shin sys microprocessor	Y
L2510	Th/wght bear quad-lat brim m	Y	L5847	Microprocessor cntrl feature	Y
L2540	Thigh/wght bear lacer molded	Y	L5925	Above knee manual lock	Y

The following existing HCPCS codes will require licensure for dates of service on or after January 1, 2004 but may be billed by occupational therapists and physical therapists who are certified hand specialists.

HCPCS CODE	ABBREVIATED DESCRIPTION	LICENSE REQUIRED	HCPCS CODE	ABBREVIATED DESCRIPTION	LICENSE REQUIRED
L3675	Canvas vest SO	Y	L3850	Action wrist w/ dorsiflex as	Y
L3720	Forearm/arm cuffs free motio	Y	L3855	Whfo adj m.p. flexion contro	Y
L3730	Forearm/arm cuffs ext/flex a	Y	L3890	Torsion mechanism wrist/elbo	Y
L3762	Rigid EO wo joints	Y	L3900	Hinge extension/flex wrist/f	Y
L3800	Whfo short opponen no attach	Y	L3901	Hinge ext/flex wrist finger	Y
L3807	WHFO,no joint, prefabricated	Y	L3902	Whfo ext power compress gas	Y
L3810	Whfo thumb abduction bar	Y	L3904	Whfo electric custom fitted	Y
L3815	Whfo second m.p. abduction a	Y	L3906	Wrist gauntlet molded to pt	Y
L3820	Whfo ip ext asst w/ mp ext s	Y	L3954	Spreading hand	Y
L3825	Whfo m.p. extension stop	Y	L3962	Sewho erbs palsey design abd	Y
L3830	Whfo m.p. extension assist	Y	L3963	Molded w/ articulating elbow	Y
L3835	Whfo m.p. spring extension a	Y	L3984	Upper ext fx orthosis wrist	Y
L3840	Whfo spring swivel thumb	Y	L3985	Forearm hand fx orth w/ wr h	Y
L3845	Whfo thumb ip ext ass w/ mp	Y	L3995	Sock fracture or equal each	Y
			L3999	Upper limb orthosis NOS	Y

The following existing HCPCS codes will not require licensure for dates of service on or after January 1, 2004. They were mislabeled as requiring licensure in Provider Bulletin 03-14, *Prosthetic and Orthotic (P&O) Fee Schedule*.

HCPCS CODE	ABBREVIATED DESCRIPTION	LICENSE REQUIRED
L1832	KO adj jnt pos rigid support	No
L1902	Afo ankle gauntlet	No

Appendix G: Deleted Procedure Codes Invalid for Dates of Service after March 31, 2004

The following deleted CPT® and HCPCS codes are invalid for dates of service after March 31, 2004.

Code	Abbreviated Description
0002T	Endo repair abd aa aorto uni
0025T	Ultrasonic pachymetry
00544	Anesth, chest lining removal
36488	Insertion of catheter, vein
36489	Insertion of catheter, vein
36490	Insertion of catheter, vein
36491	Insertion of catheter, vein
36493	Repositioning of cvc
36530	Insertion of infusion pump
36531	Revision of infusion pump
36532	Removal of infusion pump
36533	Insertion of access device
36534	Revision of access device
36535	Removal of access device
36536	Remove cva device obstruct
36537	Remove cva lumen obstruct
47134	Partial removal, donor liver
61862	Implant neurostimul, subcort
76085	Computer mammogram add-on
76490	Us for tissue ablation
89252	Assist oocyte fertilization
89256	Prepare cryopreserved embryo
89350	Sputum specimen collection
89355	Exam feces for starch
89360	Collect sweat for test
89365	Water load test
89399	Pathology lab procedure
90659	Flu vaccine, whole, im
99025	Initial surgical evaluation
99551	Home infus, pain mgmt, iv/sc
99552	Hm infus pain mgmt, epid/ith
99553	Home infuse, tocolytic tx
99554	Home infus, hormone/platelet
99555	Home infuse, chemotherapy
99556	Home infus, antibio/fung/vir
99557	Home infuse, anticoagulant
99558	Home infuse, immunotherapy
99559	Home infus, periton dialysis
99560	Home infus, entero nutrition
99561	Home infuse, hydration tx
99562	Home infus, parent nutrition
99563	Home admin, pentamidine

Code	Abbreviated Description
99564	Home infus, antihemophil agnt
99565	Home infus, proteinase inhib
99566	Home infuse, iv therapy
99567	Home infuse, sympath agent
99568	Home infus, misc drug, daily
99569	Home infuse, each addl tx
A4214	30 CC sterile water/saline
A4319	Sterile H2O irrigation solut
A4323	Saline irrigation solution
A4621	Tracheotomy mask or collar
A4622	Tracheostomy or laryngectomy
A4631	Wheelchair battery
A4644	Contrast 100-199 MGs iodine
A4645	Contrast 200-299 MGs iodine
A4646	Contrast 300-399 MGs iodine
A4712	Sterile water inj per 10 ml
A6421	Pad bandage >=3 <5in w /roll
A6422	Conf bandage ns >=3<5"w/roll
A6424	Conf bandage ns >=5"w /roll
A6426	Conf bandage s >=3<5" w/roll
A6428	Conf bandage s >=5" w /roll
A6430	Lt compres bdg >=3<5"w /roll
A6432	Lt compres bdg >=5"w /roll
A6434	Mo compres bdg >=3<5"w /roll
A6436	Hi compres bdg >=3<5"w /roll
A6438	Self-adher bdg >=3<5"w /roll
A6440	Zinc paste bdg >=3<5"w /roll
A7019	Saline solution dispenser
A7020	Sterile H2O or NSS w lgv neb
A9518	I-131 sodium iodide solution
E0142	Walker rigid wheeled with se
E0145	Walker whled seat/crutch att
E0146	Folding walker wheels w seat
E0943	Cervical pillow
E0975	Wheelchair reinforced seat u
E0976	Wheelchair reinforced back u
E0979	Wheelchair belt with velcro
E0991	Wheelchair upholstery seat
E0993	Wheelchair back upholstery
E1065	Power attacment (to convert wheelchr)
E1066	Wheelchair battery charger
E1069	Wheelchair deep cycle batter

Appendix G: Deleted Procedure Codes Invalid for Dates of Service after March 31, 2004

Code	Abbreviated Description
G0167	Hyperbaric oz tx;no md reqrd
G0236	Digital film convert diag ma
G0256	Prostate brachy w/palladium
G0261	Prostate brachy w/iodine
G0262	Sm intestinal image capsule
G0272	Naso/oro gastric tube pl MD
G0273	Pretx planning, non-Hodgkins
G0274	Radiopharm tx, non-Hodgkins
J0151	Adenosine injection
J1910	Kutapressin injection
J2000	Lidocaine injection
J2352	Octreotide acetate injection
J7508	Tacrolimus oral per 5 MG
J9180	Epirubicin HCl injection
K0016	Detach adjust armrst cmplete
K0022	Reinforced back upholstery
K0025	Hook-on headrest extension
K0026	Back upholst lgtwt whlchr
K0027	Back upholst other whlchr
K0028	Manual fully reclining back
K0029	Reinforced seat upholstery
K0030	Solid plnr seat sngl dnsfoam
K0031	Safety belt/pelvic strap
K0032	Seat uphols lgtwt whlchr
K0033	Seat upholstery other whlchr
K0035	Heel loop with ankle strap
K0036	Toe loop each
K0048	Elevate legrest complete
K0049	Calf pad each
K0054	Seat wdth 10-12/15/17/20 wc
K0055	Seat dpth 15/17/18 ltwt wc
K0057	Seat wdth 19/20 hvy dty wc
K0058	Seat dpth 17/18 power wc
K0062	Handrim 8-10 vert/obliq proj
K0063	Hndrm 12-16 vert/obliq proj
K0079	Wheel lock extension pair
K0080	Anti-rollback device pair
K0082	22 nf nonsealed leadacid
K0083	22nf sealed leadacid battery
K0084	Gr24 nonsealed leadacid
K0085	Gr24 sealed leadacid battery
K0086	U1nonsealed leadacid battery
K0087	U1 sealed leadacid battery
K0088	Battery charger, single mode

Code	Abbreviated Description
K0089	Battery charger, dual mode
K0100	Amputee adapter pair
K0103	Transfer board < 25"
K0107	Wheelchair tray
K0112	Trunk vest supprt innr frame
K0113	Trunk vest suprt w/o inr frm
K0268	Humidifier nonheated w PAP
K0460	WC power add-on joystick
K0461	WC power add-on tiller cntrl
K0531	Heated humidifier used w pap
K0532	Noninvasive assist wo backup
K0533	Noninvasive assist w backup
K0534	Invasive assist w backup
K0538	Neg pressure wnd thrpy pump
K0539	Neg pres wnd thrpy dsq set
K0540	Neg pres wnd thrp canister
K0541	SGD prerecorded msg <= 8 min
K0542	SGD prerecorded msg > 8 min
K0543	SGD msg formed by spelling
K0544	SGD w multi methods msg/accs
K0545	SGD sftwre prgrm for PC/PDA
K0546	SGD accessory,mounting systm
K0547	SGD accessory NOC
K0549	Hosp bed hvy dty xtra wide
K0550	Hosp bed xtra hvy dty x wide
K0556	Socket insert w lock mech
K0557	Socket insert w/o lock mech
K0558	Intl custm cong/atyp insert
K0559	Initial custom socket insert
K0560	MCP joint 2-piece for implnt
K0581	Ost pch clsd w barrier/fltr
K0582	Ost pch w bar/bltinconv/fltr
K0583	Ost pch clsd w/o bar w fltr
K0584	Ost pch for bar w flange/flt
K0585	Ost pch clsd for bar w lk fl
K0586	Ost pch for bar w lk fl/fltr
K0587	Ost pch drain w bar & filter
K0588	Ost pch drain for barrier fl
K0589	Ost pch drain 2 piece system
K0590	Ost pch drain/barr lk flng/f
K0591	Urine ost pouch w faucet/tap
K0592	Urine ost pouch w bltinconv
K0593	Ost urine pch w b/bltin conv
K0594	Ost pch urine w barrier/tapv

**Appendix G: Deleted Procedure Codes
Invalid for Dates of Service after March 31, 2004**

Code	Abbreviated Description
K0595	Os pch urine w bar/fange/tap
K0596	Urine ost pch bar w lock fln
K0597	Ost pch urine w lock flng/ft
K0610	Peritoneal dialysis clamp
K0611	Disposable cycler set
K0612	Drainage ext line, dialysis
K0613	Ext line w easy lock connect
K0614	Chem/antisept solution, 8oz
K0615	SGD prerec mes >8min <=20min
K0616	SGD prerec mes>20min <=40min
K0617	SGD prerec mes > 40min
K0621	Gauze, non-impreg pack strip
K0622	Confrm band non str <3in/rol
K0623	Confrm band sterl>3in/roll
K0624	Lite compress wdth<3in/roll
K0625	Self adher wdth <3 in, roll
K0626	Self adher wdth >=5 in, roll
L1885	Knee upright w/resistance
L2102	Afo tibial fx cast plstr mol
L2104	Afo tib fx cast synthetic mo
L2122	Kafo fem fx cast plaster mol
L2124	Kafo fem fx cast synthet mol
Q0086	Physical therapy evaluation/
Q2010	Glatiramer acetate, per dose
Q4052	Octreotide injection, depot
Q4053	Pegfilgrastim, 1 mg
Q4078	Ammonia N-13, per dose
Q9920	Epoetin with hct <= 20
Q9921	Epoetin with hct = 21
Q9922	Epoetin with hct = 22
Q9923	Epoetin with hct = 23
Q9924	Epoetin with hct = 24
Q9925	Epoetin with hct = 25
Q9926	Epoetin with hct = 26
Q9927	Epoetin with hct = 27

Code	Abbreviated Description
Q9928	Epoetin with hct = 28
Q9929	Epoetin with hct = 29
Q9930	Epoetin with hct = 30
Q9931	Epoetin with hct = 31
Q9932	Epoetin with hct = 32
Q9933	Epoetin with hct = 33
Q9934	Epoetin with hct = 34
Q9935	Epoetin with hct = 35
Q9936	Epoetin with hct = 36
Q9937	Epoetin with hct = 37
Q9938	Epoetin with hct = 38
Q9939	Epoetin with hct = 39
Q9940	Epoetin with hct >= 40
S0009	Injection, butorphanol tartr
S0079	Octreotide 100 mcg
S0124	Inj urofollitropin 75 iu
S0130	Inj c gonadotropin 5000 iu
S0135	Pegfilgrastim injection 6mg
S0193	Inj alefacept 7.5 mg
S8180	Trach shower protector
S8181	Trach tube holder
S8470	Stander positioning device
S9546	Home inf blood prod nurs ser
S9806	RN infusion suite visit
V2116	Nonaspheric lens bifocal
V2117	Aspheric lens bifocal
V2216	Lens lenticular nonaspheric
V2217	Lens lenticular aspheric bif
V2316	Lens lenticular nonaspheric
V2317	Lens lenticular aspheric tri
V2740	Rose tint plastic
V2741	Non-rose tint plastic
V2742	Rose tint glass
V2743	Non-rose tint glass

The following HCPCS codes are used exclusively with the Outpatient Prospective Payment System and are invalid for dates of service after March 31, 2004

Code	Abbreviated Description
C1010	Blood, L/R, CMV-NEG
C1011	Platelets, HLA-m, L/R, unit
C1015	Plt, pher, L/R, CMV, irradi
C1016	Blood, l/r, froz/degly/washed

Code	Abbreviated Description
C1017	Plt, aph/pher, l/r, CMV-neg
C1018	Blood, l/r, irradiated
C1020	RBC, frz/deg/wsh, L/R, irradi
C1021	RBC, l/r, CMV neg, irradi

Appendix G: Deleted Procedure Codes
Invalid for Dates of Service after March 31, 2004

Code	Abbreviated Description
C1022	Plasma, frz within 24 hour
C1166	Cytarabine Liposomal, 10 mg
C1167	Epirubicin Hcl, 2 mg
C1774	Darbepoetin alfa, non-esrd
C9010	Baclofen Refill Kit--4000mcg
C9111	Inj, Bivalirudin, 250mg vial

Code	Abbreviated Description
C9116	Ertapenem sodium, per 1 gm
C9120	Injection, fulvestrant
C9204	Ziprasidone mesylate
C9503	Fresh frozen plasma, ea unit
C9711	H.E.L.P. Apheresis System